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New York

President: Mr. D'Escoto Brockmann ..... (Nicaragua)

The meeting was called to order at 3.30 p.m.

Agenda item 41 ***(continued)***

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/63/812)

Notes by the Secretary-General (A/63/152 and Add.1)

Draft decision (A/63/L.73)

Mr. Muita (Kenya): Let me begin my statement by echoing the many messages of sincere condolences and commiseration to the people and Government of Gabon on the demise of their President, His Excellency El Hadj Omar Bongo Ondimba.

I would like to take this opportunity to congratulate you, Mr. President, and the Vice-Presidents of this session during these high-level meetings on HIV/AIDS for your dedication in facilitating our deliberations. I would likewise like to express my delegation's appreciation to the Secretary-General for the constant and focused reports on issues pertinent to the HIV/AIDS pandemic. We also wish to associate ourselves with the statement delivered by the representative of Swaziland on behalf of the African Group.

During the 1990s, the prevalence rate of HIV/AIDS in Kenya was nearly one in five. However, concerted efforts by all stakeholders during the subsequent period, in particular at the highest level of Government, have borne profound results. The HIV infection rate in Kenya began its decline soon thereafter. By 2001, it had dropped to about 14 per cent, further declining to just over 6 per cent by the end of 2006. A more recent household survey — the Kenya AIDS Indicator Survey — was completed last year. The data, which is currently being analysed, will provide more detailed information on HIV/AIDS and other related sexually transmitted infections in the country.

Even with the modest gains, the Government and all other stakeholders are pushing for new initiatives aimed at further ameliorating the situation. Last March, the Government and partners launched the third strategic plan for HIV/AIDS. The plan, which is being promulgated after the completion of a comprehensive review on the current strategy — the Kenya National HIV and AIDS Strategic Plan II — is expected to become operational in July 2009. The new plan has set out ambitious strategic goals. It aims to achieve Kenya's universal access targets for high-quality integrated services at all levels to prevent new HIV infections, reduce HIV-related illnesses and deaths and mitigate the effects of the epidemic on households and communities.

The proposed strategic thrusts and approaches of the new plan are as follows: first, the provision of cost-effective services informed by a gender- and rights-based approach for universal access to prevention, treatment, care and support; secondly, targeted, community-based programmes that support universal

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access and social transformation for an AIDS-informed society supported in all communities; thirdly, long-term programmes to address both the root causes and effects of HIV, which should take into account the fact that people with access to education, health services, rights protection and income are less vulnerable to HIV infection in the first place; and fourthly, all stakeholders shall operate within a nationally owned harmonized and aligned framework at all levels supporting mutual monitoring and accountability.

Despite our hard-won successes, HIV/AIDS continues to be a major concern of my Government. Currently, more than 1 million people are living with HIV/AIDS. Today, an additional 250,000 patients need to be given antiretroviral therapy.

I should now like to refer to some of the notable challenges.

With regard to financing for the scaling up of responses to AIDS in the country, overall, during the 2005-2006 and 2006-2007 fiscal years, the country spent nearly $500 million from combined donor and Government sources on responding to HIV/AIDS. The bulk of HIV/AIDS financing in the country comes from the donor community. Within the country, the budget allocation for HIV/AIDS has to contend with competing diseases of equal importance, such as malaria. We need to explore alternative financing arrangements to complement domestic and donor support.

With regard to human resources in Kenya's health sector, the provision of good health services is labour-intensive, requiring qualified health workers. Unfortunately, many health sector workers have left the country for developed economies, leaving the health sector under-resourced. An investment of $50 million per year for five years is required to put a reasonably sized of health workforce into place.

With regard to affordable commodities and low-cost technologies, drugs, medical supplies and equipment are major factors contributing to the high cost of health care. Legislative reforms to facilitate the use of high-quality generic drugs and standardized medical equipment could reduce health sector costs, as could increased investment in low-cost prevention technologies like microbicides, vaccines, health education and the expansion of voluntary counselling and testing (VCT).

Lastly, with regard to human rights, stigma and discrimination, and gender equity, awareness on the part of health workers and people living with HIV/AIDS of their legal rights to treatment and care needs to be enhanced. Stigma and discrimination contribute to low rates of use of VCT services, especially in rural areas. In Kenya, aggressive campaigns in all forms of media and many workshops at the community level, in schools and other institutions have been carried out by the Government in coordination with civil society, the private sector, employers and others and have helped reduce stigma and combat social exclusion associated with the epidemic.

In conclusion, I wish to state that the provision of universal access to prevention, care, treatment and support services requires more than access to antiretroviral drugs. It requires trained health-care professionals, suitable facilities, current information and increased funding, all integrated into a fully functional health-care system. It is incumbent upon us to act in order to help our people. Our inaction is making this world a more dangerous place to live in. Individual efforts, however feeble, will make a difference. As we work towards preventing infection, we must scale up support and care for the infected and the affected, particularly widows and orphans.

Finally, let me draw attention to some areas that Kenya feels require urgent follow-up. The sustainability of HIV/AIDS funding is critically important, particularly for antiretroviral treatment (ART). Because ART requires a life-long commitment, people using this treatment should have access to drugs in a sustainable way. Funding for prevention programmes has been inadequate and thus should be enhanced, since prevention is the best way to fight HIV/AIDS. Financial support for fighting HIV/AIDS should be provided in the form of grants, not loans. Kenya and other low- and middle-income countries should be considered for debt relief without conditionalities, and funds should be channelled to other priority areas, including the war against HIV/AIDS.

Mrs. Melon (Argentina) (*spoke in Spanish*): My delegation would like to align itself with the statement made by the Permanent Representative of Mexico, who spoke on behalf of the Rio Group. We would also like to thank the Secretary-General for the report presented on the progress and challenges of the implementation

of the commitments agreed upon regarding the HIV/AIDS Declaration of 2001 and the Political Declaration of 2006 (A/63/812). We thank the President of the General Assembly for his important message, which we also support. In this respect, we make a call to further renew our efforts to reach true universal access to prevention, treatment and care of HIV/AIDS by the year 2010.

Argentina considers that the right to health must prevail over commercial interests and that intellectual property rights do not and should not impede measures being taken for the protection of public health. In this sense, it has called for an effective implementation of the safeguards and flexibilities included in the Agreement on the Trade-Related Aspects of Intellectual Property Rights administered by the World Trade Organization, as well as in the Doha Declaration.

Access to medicines by people living with HIV/AIDS has been improved and sustained through a policy of dispensing high-quality generic drugs and active participation in joint negotiations between the countries in the region and representatives of the pharmaceutical industry in order to obtain cost reductions.

At the same time, the optimization of strategies needs to be made a priority in order to improve access of persons both to diagnosis and treatment, while taking into consideration their social integration and the right to development that makes for a better quality of life.

Our country was one of the first in the region to introduce an AIDS Law, which has been in place since 1990 and whose aim is to control this pandemic. It specifically includes the responsibility of the State to guarantee comprehensive attention, respect for dignity and non-discrimination, as well as to guarantee confidentiality for those living with HIV/AIDS. This legal framework is complemented by the application of the American Convention on Human Rights, known as the Pact of San Jose and the National Antidiscrimination Act, as well as other legislative measures concerning social security and prepaid medicine, HIV diagnosis in pregnant women, the creation of a national programme for sexual health and responsible procreation, inter alia.

The Millennium Development Goals serve as a guide for the development and implementation of a national policy geared towards the health of the population, with focus on the targets for alertness, prevention and promotion of health. In this regard, indicators have been established that show that progress has been made in stopping and reversing the pandemic through the active and visible participation of all stakeholders, giving priority to populations in situations of increased vulnerability, such as boys, girls, youth and women.

We recognize the following as especially vulnerable populations: sex workers, transvestites, transsexuals, homosexuals, men who have sex with men, the migrant population, indigenous populations, people in situations of poverty, women, children and adolescents, drug users and prison inmates. Nor can we neglect in our response the group of older persons and their specific realities. The active participation of these groups contributes to preventing invisibility or discrimination from threatening their right to health and from hindering efforts to curb the epidemic.

Gender perspective and identity have been taken into account in national HIV/AIDS policies. There has been a specific focus on pregnant women living with HIV, 87 per cent of whom receive treatment to prevent mother-to-child transmission. Their partners are also included in the prevention of transmission.

The Argentine Ministry of Health has defined a strategic planning process for the years 2008-2011, with the AIDS and Sexually Transmitted Diseases Division, based on four strategic axes.

The first axis aims to improve the accessibility of diagnosis and treatment for persons living with HIV, by simplifying the steps to be taken by patients, decentralizing logistics for the distribution of medicines, and providing quality control in laboratories and of the types of medicines prescribed.

The second axis is designed to promote access to condoms and other preventive methods through distribution that will guarantee direct access to users, integration of social and Governmental organizations, and coordination with reproductive health and maternity and childhood policies in an effort to promote safe sex.

The third strategic axis involves the promotion of access to HIV/AIDS testing together with counselling. The main goals are to establish testing and counselling centres in primary health-care centres across the country, in premises that are friendly and accessible to

the general population and to populations of increased vulnerability.

The fourth axis entails the eradication of stigma and discrimination, both in the health system and in society as a whole. That strategic axis, which cuts across the other three, includes the goals of establishing and strengthening friendly and accessible spaces for populations with increased vulnerability — including, among others, sex workers, transgender persons, drug users, men who have sex with men, and young people — as well as coordinating with other State institutions charged with protecting the human rights of all citizens, including the ombudsperson and the National Institute against Discrimination, Xenophobia and Racism.

I would like to conclude by emphasizing that fragmented responses cannot produce results when it comes to HIV/AIDS. If policies are to be effective, they must be inclusive, cut across multiple sectors and disciplines, and be grounded in a non-discriminatory and human rights-based approach. We also believe it to be strategically desirable to call upon all Government bodies to work cooperatively with international organizations and civil society.

Mrs. Kafanabo (United Republic of Tanzania): The delegation of Tanzania is pleased to participate in this discussion on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

My delegation aligns itself with the statements made by the representative of Swaziland on behalf of the African Group and by the representative of South Africa on behalf of the Southern African Development Community.

We welcome the report of the Secretary-General contained in document A/63/812 on the progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. The recommendations contained therein warrant our serious consideration. We also take note on the reports in documents A/63/152 and A/63/152/Add.1 on the report of the Joint Inspection Unit on the review of the progress made by organizations of the United Nations in achieving target 7 of Millennium Development Goal 6 on combating HIV/AIDS. We look forward to a discussion on those reports at a later date, preferably after an independent evaluation by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

HIV/AIDS continues to pose a great challenge to the achievement of internationally agreed development goals, including the Millennium Development Goals. In Tanzania we live with the devastating impact of that insidious virus every day. With the strong political commitment and leadership of our President, His Excellency Mr. Jakaya Mrisho Kikwete, the Government of the United Republic of Tanzania has continued to implement energetically the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, as well as regional instruments on HIV/AIDS. We have made considerable strides in raising awareness, which has positively influenced behaviour, encouraged voluntary testing and is eroding the stigma against infected people.

The Government has in place a national policy on HIV/AIDS and a national multisectoral strategic framework, which guide the implementation of HIV/AIDS activities. The policy and the multisectoral strategic framework emphasize the need for concerted and multidisciplinary efforts from all sectors: the Government, the private sector and civil society. HIV/AIDS issues are incorporated in our national strategy for growth and the reduction of poverty, as well as in Tanzania's Development Vision 2025. The development of the national guideline on prevention and control in the public sector is a further demonstration of the Government's commitment to fight HIV/AIDS and improve the well-being of the people.

Various interventions — such as behaviour-change communication, the promotion of the use of condoms, safe blood transfusions, the management of sexually transmitted infections, voluntary counselling and testing and the prevention of HIV transmission from mother to child — have been undertaken and are starting to bear fruit. Tanzania's HIV prevalence has declined slightly in recent years. The 2007-2008 survey revealed that the prevalence rate was 5.7 per cent, 6.6 per cent among women and 4.6 per cent among men. That represents a decline since the 2003-2004 survey, which indicated an overall infection rate of 7 per cent, with 7.7 per cent for women and 6.3 per cent for men. Those figures show a significant decrease for men but not for women. It also illustrates that, like other parts of the world, Tanzania continues to experience an increase in the feminization of

HIV/AIDS. There are, however, regional variations in the infection rate, with high rates in frontier regions.

However, new infections continue to occur. That highlights the urgency with which we must develop new preventive approaches and tools, in particular those that address the biological, social and cultural vulnerabilities of women. We also need to consider the special needs of persons with disabilities and those of older persons in our broad HIV prevention strategy. There must also be proper research into male circumcision as a prevention tool. Prevention messages have to be adequately packaged within a broad HIV-prevention strategy, so as to avoid reckless behaviours that further feminize the HIV pandemic.

We urge that funds be increased for research and clinical trials on new approaches and tools. As a country that is hosting clinical trials, we also call for capacity-building to strengthen our national regulatory bodies so that they can keep pace with new developments. Technical assistance will also be required, as new products are developed, to enable the Government to work closely with developers to ensure the products' safety, availability and accessibility.

We are encouraged by the increased resources for HIV/AIDS, which have made it possible to provide antiretroviral drugs to many AIDS patients. By the end of 2004, when Tanzania's care and treatment plan for HIV started, 1,842 patients were on antiretroviral drugs. By 30 May 2009, about 457,530 people were enrolled for access to antiretroviral treatment. Slightly more than half of them are receiving antiretroviral drugs from the 700 health facilities in the country. The target is to scale up to reach all persons needing such drugs, who are estimated to number 440,000, by 2010.

The provision of antiretroviral drugs prolongs people's lives and enables them to continue to be economically active. However, the gains achieved by providing such drugs will be set back, if we do not take extra measures for the prevention, diagnosis and treatment of opportunistic infections, in particular tuberculosis. The prevention and proper treatment of malaria and other diseases is also critical in sustaining the gains achieved through antiretroviral treatment. Furthermore, the availability of adequate food and good nutrition for those suffering from HIV/AIDS, especially for those receiving antiretroviral and tuberculosis treatment, is crucial.

New challenges are emerging as we continue to expand our responses to HIV/AIDS and other communicable and non-communicable diseases. They include serious shortages of trained human personnel in the health sector, the need to build up the capacity of the health system and infrastructure, including adequate laboratory services, facilities and equipment, to cope with an increasing number of patients on long-term treatment and to sustain the prevention, treatment, care and support for HIV/AIDS.

Financing HIV/AIDS control programmes remains a concern with regard to already overburdened national budgets. The current economic and financial crisis further exacerbates the situation. We welcome the call by the Secretary-General for more resources for HIV/AIDS and his emphasis on the need to explore more innovative financing mechanisms. We also welcome the financial support that we are receiving from our development partners, in particular the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which provide 80 per cent of the HIV/AIDS funds in Tanzania.

While many gains are being reported on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, we are still far from reaching our goals. We need to scale up our efforts in all aspects of combating the pandemic and sustain our gains to make a world without AIDS an attainable reality.

Mr. Bui The Giang (Viet Nam): At the outset, I wish to reconfirm the commitment and determination of the Government of Viet Nam to implement the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. I also thank you, Mr. President, for convening this important meeting and the Secretary-General and the Joint Inspection Unit for their updated reports on progress and challenges in the implementation of the Declaration of Commitment and Political Declaration on HIV/AIDS (A/63/812 and A/63/152).

My delegation is encouraged that more of those infected have gained better access to antiretroviral therapy and other kinds of support and care, as compared to three years ago, when the Political Declaration on HIV/AIDS was adopted. The stronger determination and more positive political environment in the battle against HIV/AIDS at the global, regional

national and local levels over the past few years have been reinforced by concrete actions and significant increases in resources for HIV programmes in low- and middle-income countries, leading to the first decline in years in the number of AIDS deaths, a higher percentage of HIV-infected pregnant women receiving services and, especially, the decline in HIV prevalence among young pregnant women in several African countries.

Equally important, new resources for coordinating technical support delivery have been developed, and country-level monitoring and evaluation systems have improved. All of this was possible only thanks to the all-out efforts of the entire United Nations system, in cooperation with Member States, international organizations and civil society entities.

My delegation is, however, deeply concerned about the fact that the number of people living with HIV continues to go up, with more than 7,000 people on average becoming infected every day and AIDS taking over 5,000 lives per day, mostly due to a lack of HIV prevention services and antiretroviral therapy. We are alarmed that a huge number of children have lost one or both parents to AIDS, and that the need for treatment still far outpaces the availability of antiretroviral therapy, particularly in developing countries. We are preoccupied by inaccurate and lopsided awareness and knowledge among the general population, particularly among young people and vulnerable groups, about HIV/AIDS. We also condemn pervasive stigma and discrimination on the basis of HIV and the criminalization of HIV transmission in many parts of the world.

In this connection, we support in particular the Secretary-General's recommendations to revise policies and programmatic responses to HIV/AIDS in changing situations, ensure provision of services to those who are most at risk — with priority given to women and children — and sustain long-term responses to HIV, by building durable capacity, achieving universal access to HIV prevention, treatment, care and support and mobilizing sustainable financing for combating HIV, among others.

It is along these lines that Viet Nam has done its utmost to care for the almost 170,000 Vietnamese living with HIV/AIDS, while trying to reverse the spread of the epidemic, which has, up until now, taken the lives of over 41,000 of our compatriots. To this end, we have continuously improved our HIV/AIDS-related legal and executive control systems, including the enactment of the Law on HIV/AIDS Control and the National HIV/AIDS Control Strategy, and the establishment of nine programmes of action and HIV/AIDS control centres in 61 out of the 63 provinces of the country.

Many initiatives have been put in place, including the establishment of mutual help groups, compassion clubs and shared sympathy clubs. Information, education and communication have been promoted, culminating in the broadest-ever participation of the population in public activities this past year, including most notably the launch of the National Month of Action Against HIV/AIDS. All stakeholders — Government agencies, non-governmental organizations, community groups, religious organizations, businesses and foreigners in Viet Nam — were involved. Increasing levels of government funds have been mobilized. International cooperation has been intensified.

Despite these endeavours, there remain many challenges ahead of us. HIV has not been fundamentally controlled and could therefore still spread. Most HIV/AIDS control centres lack personnel and equipment. Finances remain limited, resulting in insufficient supplies of antiretroviral therapy and the inadequate treatment of patients, not to mention difficulties in implementing programmes on HIV research, monitoring, prevention and intervention, to name just a few.

In order for these challenges to be dealt with effectively, international cooperation and assistance, apart from our own efforts, are much needed. As we are aware of the global nature of HIV/AIDS and of the commonality of the challenges we are facing in our country, we call for continued cooperation and assistance from the United Nations system, its Member States and international and non-governmental organizations, while remaining available to share our modest practical experiences in this field.

Mr. Cujba (Republic of Moldova): The Republic of Moldova aligns itself with the statement delivered earlier this morning by the representative of the Czech Republic on behalf of the European Union.

At the outset, allow me to thank the Secretary-General for his report on the progress made in the implementation of the Declaration of Commitment on

HIV/AIDS and the Political Declaration on HIV/AIDS (A/63/812). The report, supplemented by today's debate, offers us a good opportunity to evaluate the actions undertaken by Member States and stakeholders in response to the global HIV epidemic and to highlight the challenges that still remain. We take note of the recommendations made in the report and reiterate our commitment to meet the universal access targets on prevention, treatment, care and support by 2010.

Combating socially conditioned diseases like HIV/AIDS and tuberculosis constitutes an imperative task for the whole of Moldovan society. The Government of the Republic of Moldova has taken substantial action in this area and regards HIV/AIDS infection as a high priority for the public health, with special attention being devoted to the functionality of the legislative and institutional framework set up to respond to HIV/AIDS and to the involvement of national and international stakeholders.

In 2007, the Parliament of the Republic of Moldova approved the Law on Prevention and Control of HIV/AIDS, which was drafted in accordance with United Nations standards, in particular the International Guidelines on HIV/AIDS and Human Rights developed by the Joint United Nations Programme on HIV/AIDS with the goal of contributing to the development of multi-annual strategies that include both prophylaxis and treatment. The law provides for numerous positive inputs in the country's response to the epidemic that seek to fulfil our obligations under the relevant international commitments, democratizing the process through voluntary counselling and testing, the prohibition of mandatory testing, non-discrimination and access to legal assistance for people with HIV/AIDS.

At the national level, the State implements its HIV/AIDS policy through the national programme on the prevention and control of HIV/AIDS, which sets national priority strategies for prevention, epidemiological surveillance and treatment. The programme is an integral, multisectoral plan that was developed through consensus-based consultations with key stakeholders in the field, including the Government, international organizations, non-governmental organizations (NGOs) and people living with HIV.

The third national programme, for the period from 2006 to 2010, consists of nine key strategic priorities that were agreed upon by joint Government-NGO technical working groups and approved by a decision of the Government. It seeks to promote a healthy way of life, the expansion of prophylactic interventions, early diagnosis and treatment and decreasing the number of new cases of HIV/AIDS. The implementation of the programme is under the supervision of the National Coordination Council, which includes Government ministries, NGOs, international donors and seven working groups, which is consistent with the recommendations of the United Nations. Transparency in the operations of the Council is ensured through regular meetings and openness to mass media.

Under the national programme, HIV patients are provided with free access to antiretroviral therapy. Moldova is among the countries to have already achieved universal access to such therapy, thereby ensuring that all HIV patients have access to free sustainable antiretroviral therapy and that all pregnant women and children have access to therapy to prevent mother-to-child transmission.

A palliative care strategy for people living with HIV has been approved. A new voluntary counselling and treatment service has been established throughout the country. A coordinated referral system and focal points are also in place at the local level for voluntary counselling and treatment, which are covered by health insurance. In terms of treatment, Moldova follows the recommendations of the World Health Organization for the treatment of patients with HIV/AIDS.

The progress made by Moldova in confronting HIV/AIDS constitutes a symbiosis of efforts on the part of State institutions and non-governmental organizations. The significant contribution of civil society in the response to HIV covers those areas that are insufficiently addressed by the State. More than 40 NGOs are involved in the process of prevention, education and promoting adequate social support and better social inclusion for HIV-positive persons.

The third national forum of non-governmental organizations active in the area of HIV/AIDS and tuberculosis was held in Moldova from 11 to 12 June 2009. The goal of the forum, which brought together more than 120 representatives from civil society, State bodies and international organizations, was to address

the most important topics pertaining to coordination and to strengthen efforts in response to HIV and tuberculosis. The forum focused on the development of civil society groups involved in HIV/AIDS and tuberculosis and on promoting partnerships between State institutions and non-governmental organizations — especially NGOs representing the interests of people living with HIV/AIDS.

The Government of Moldova is undertaking the necessary steps to allocate sufficient resources from the State budget to its endeavours to fight the HIV/AIDS pandemic. At the same time, while the Government is committed to implementing the national AIDS programme for the period 2006 to 2010, the socio-economic problems faced by Moldova, which have been exacerbated by the drought of 2007 and the floods of 2008, have resulted in many demands being placed on the limited budget of the State. In that regard, it is evident that there is a need for programme-based budgeting.

Moldova has been supported financially by several international organizations and has received grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank. Partnerships between national and international stakeholders involved in the response to the threats posed by HIV are being developed on the basis of the national strategies.

Considering the importance of adequately responding to the HIV/AIDS pandemic and of guaranteeing better access to prevention, treatment and support services, especially for the populations at greatest risk, the Government of the Republic of Moldova is committed to further increasing its efforts to develop a comprehensive approach to HIV/AIDS at the national and international levels.

Mr. Sammis (United States of America): We welcome this opportunity to focus attention on the continuing fight against HIV/AIDS. We also thank the Secretary-General and his staff for their great work in putting together an excellent report (A/63/812) that underlines the challenge before us.

The United States stands behind its commitments made in 2001 and renewed in 2006. We are proud to be a partner in the global effort to halt and reverse this terrible disease. Our major contribution to the global fight is through the President's Emergency Plan for AIDS Relief (PEPFAR), which is the largest international health initiative in history dedicated to a specific disease. In the first five years of the programme, the American people have supported antiretroviral treatment for more than 2.1 million men, women and children living with HIV/AIDS around the world and have provided care for over 10.1 million people and prevention interventions against mother-to-child HIV transmission in nearly 16 million pregnancies.

PEPFAR has demonstrated unprecedented commitment to mobilizing leadership and building the capacity of local institutions in the fight against AIDS. The programme has also worked to build linkages with other donors and multilateral organizations, including the Joint United Nations Programme on HIV/AIDS (UNAIDS). The strong partnership between the UNAIDS family and our bilateral programmes in the field has been mutually beneficial.

President Barack Obama has pledged to continue PEPFAR's critical work aimed at addressing the HIV/AIDS crisis around the world and has called on all sectors to partner in the fight. PEPFAR and the fight against HIV/AIDS are a critical piece of a larger global health agenda outlined by the Obama Administration. Increased commitments by United States Government programmes to maternal and child health, family planning and the strengthening of health systems will provide much-needed support to countries. That comprehensive approach to health will provide long-term benefits to the lives of individuals and families and will contribute to the overall development of the countries in which PEPFAR works.

To maximize the impact and sustainability of its HIV/AIDS programmes, the United States is engaging with host country Governments and other partners through partnership frameworks. Those strategic partnerships are designed to build country ownership by more fully aligning PEPFAR country-led efforts with national strategies, national monitoring and evaluation plans and the international partner situation in-country. The United States is now working rapidly to develop those partnerships with host countries and other country-level partners. Increasing transparency and promoting greater aid effectiveness through the adoption of the Paris Declaration principles are conscious goals of that new approach in PEPFAR.

We applaud the Secretary-General for the focus in his report (A/63/812) on the need to redouble efforts to

reduce and eliminate the stigma and discrimination associated with HIV/AIDS. We share the goal of extending life-saving prevention, treatment and care services to marginalized groups, such as men who have sex with men, commercial sex workers and injecting drug users.

As highlighted by the Secretary-General, it is also essential that Member States and others in the international community follow through on our commitments to ensure the rights of women and girls in formulating an effective response to the epidemic. That is underscored by many sobering statistics, such as the reality that, in sub-Saharan Africa, approximately 58 per cent of all people living with HIV/AIDS are female.

Through PEPFAR, the United States proactively confronts the changing demographics of the epidemic, working to reduce gender inequalities and gender-based abuse and to expand gender programming throughout prevention, care and treatment activities. We strongly support the work that has been done at the United Nations Development Programme and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to develop a gender action framework to systematically guide the United Nations system's efforts to address the needs of women and girls and the importance of including gender equality in our HIV response, and we urge continued work on the action framework as a top priority for the UNAIDS family.

In the overall response to the epidemic, resources will continue to be a challenge, in part because the large numbers of people who need treatment, the success of counselling and testing programmes and the growing capacity for AIDS treatment, even at primary health centres, all of which create an increased demand for treatment, which incurs significant costs over the long term. One way that the United States is committed to responding to that challenge is by continuing to seek efficiencies with current programmes wherever we can and by ensuring that PEPFAR resources not only achieve HIV/AIDS-specific goals, but also contribute to long-term strengthening of health systems in communities where we work.

By using HIV treatment as a platform, PEPFAR support has strengthened and extended health systems in many areas, including human resources, infrastructure, informatics, commodities logistics and laboratory services. Although interventions supported through PEPFAR are for HIV/AIDS treatment and prevention, the systems established and expanded over the past five years have resulted in positive health outcomes extending well beyond HIV/AIDS.

Looking to the future, the United States will work with host countries to develop a framework for strategic assessments and identification of priorities for health system strengthening. Health system strengthening is a key factor in successfully improving health outcomes overall.

Though we have come a long way, we face many challenges ahead in the struggle against HIV/AIDS. Our goals in the 2006 Political Declaration on HIV/AIDS and the health-related Millennium Development Goals are ambitious, even without an uncertain global financial climate. The United States applauds the leadership of UNAIDS in prodding all of us forward and pledges our continued commitment to working with Member States and other partners to transform those political goals into a better life for the tens of millions of people living with or affected by AIDS.

Mr. Kleib (Indonesia): Let me begin by thanking you, Mr. President, for convening this meeting and the Secretary-General for his report (A/63/812). The report provides us with a snapshot of the progress made so far, as well as the challenges involved in addressing the spread of HIV/AIDS.

It is heartening to note that much has been achieved since the adoption of the Declaration of Commitment on HIV/AIDS in 2001. A plethora of measures has been enacted. For Indonesia, today's meeting will serve beyond assessing the progress made so far by Member States and the challenges facing many of us. Today's meeting will provide a springboard for a discussion of ways and means to navigate through the current global economic crisis that will surely impact our efforts in the short and longer run. We are, and should be, mindful of that. The current economic crisis should be prevented from taking its toll on our objective. Instead, that crisis should be used as a springboard to forge closer cooperation and partnership.

It is encouraging to witness the various advances made in combating this deadly disease. However, new HIV/AIDS infections still continue to emerge globally, particularly in low- and middle-income countries. To our dissatisfaction, the lack of capacity in many

countries poses serious obstacles in determining the prevalence of HIV/AIDS, which undermines efforts to provide universal access. That should be avoided, and we should come up with a comprehensive strategy to assist countries that are facing that difficulty.

Moreover, greater international prioritization and action to strengthen the global health system is much needed. That would in turn help scale up HIV services. But no health system can be sustainable if it is not supported by a knowledgeable and professional workforce. Promoting education and training are critical for that reason and should be a part of international action. Promoting efficiency can also contribute to a better long-term response. The integration of HIV services with reproductive health services could be one way of optimizing limited resources and maximizing impact. The United Nations system should also ensure greater coherence and coordination among its agencies.

Mr. Cujba (Republic of Moldova), Vice-President, took the Chair.

Before concluding my remarks, I would like to highlight Indonesia's efforts to implement our commitment. The work of our National Commission on HIV/AIDS is guided by four main components, namely, prevention, treatment, care and support interventions. It led the Commission to institute some key policies and action plans. Let me briefly underscore three of them.

First is the National HIV/AIDS Strategy 2007-2010. The plan includes preventive measures, including raising public awareness on HIV/AIDS and promoting less risky behaviour. The plan is being aggressively implemented in parts of Indonesia where HIV is spreading quickly. Secondly, the Commission, in cooperation with local government, provides guidelines on the establishment of regional HIV/AIDS commissions. Thirdly, the Commission, in cooperation with the national anti-drug agency, is strengthening action against illegal trafficking of psychotropic substances and other drugs.

Moreover, we are continually making efforts to scale up our response, including providing free antiretroviral drugs for HIV/AIDS patients. The close connection between tuberculosis (TB) and HIV has also prompted us to establish a one-roof service for TB and HIV patients.

In closing, let me reiterate Indonesia's steadfastness to continue to implement the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

Mr. Abdelaziz (Egypt) (*spoke in Arabic*): I would like at the outset to express our appreciation for the convening of this plenary meeting to discuss the Secretary-General's interim report on progress made in the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS (A/63/812). Egypt associates itself fully with the statement delivered by the Permanent Representative of Swaziland on behalf of the African Group.

We also take note of the report (A/63/152 and Add.1) of the Joint Inspection Unit on the review of the progress made by the United Nations system organizations in achieving Millennium Development Goal 6, Target 7, to combat HIV/AIDS, as well as the comments of the Secretary-General and the United Nations System Chief Executives Board for Coordination on that report. We look forward to the results of the second independent evaluation mandated by the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS) by the end of this year.

HIV/AIDS represents a major challenge to the realization of the Millennium Development Goals, especially Goal 6. Despite a relative slowdown in the estimated number of new HIV infections in 2007 and the decline of recorded cases throughout the world, the total number of people living with HIV worldwide is still over 33 million, two thirds of whom are in Africa alone.

Undoubtedly, the realization of the goal of universal access to prevention, treatment, care and support by 2010 adopted by the General Assembly in resolution 60/262 requires addressing the need to enhance national capacities more effectively in many developing countries, especially low-income countries, in order to strengthen the implementation of their national programmes and broad sexual awareness campaigns aimed at correcting widespread social misconceptions.

These efforts require large investments to build governmental and societal capacities, train qualified cadres, expand microbicide clinical trials, make first- and second-line treatments with antiretrovirals as well

as medications for co-infection with tuberculosis available at reasonable prices, inter alia, which many Governments cannot afford without external assistance that is free of additional conditionalities or attempts to impose certain social or cultural concepts that do not take into consideration the particular nature of the societies of recipient countries.

The importance of the continued provision of international support increases in the light of the global financial and economic crisis and its potential impact on official development assistance, which is being reduced despite international commitments, as well as on cutbacks in public spending to promote the advancement of health systems in developing countries. That is particularly true in view of the dire need, noted in the Secretary-General's report, to raise an additional $11.3 billion to bolster the ability of national programmes to achieve their targeted goals by 2010.

It is equally essential that we find radical solutions for the trade-related aspects of restrictions on the importation of medications, intellectual property rights, the problem of transit and migration, the recruitment of health workers from affected developing countries, and the reversal of the brain drain, so as to allow national health systems to advance and ensure affordable treatment and care for all.

In addition, the prevention of and fight against HIV/AIDS are substantially related to the comprehensive development process and support for efforts to develop economic, educational and health system infrastructures, and, more significantly, to transfer the expertise and technologies that are vital to reinforcing such efforts. That is especially the case as regards pharmaceutical industries, changing the social perspective on the epidemic, and enhancing the opportunities for early diagnosis and treatment with the support of all societal forces.

Indeed, the international community's responsibility has to be matched by a parallel commitment to rationalizing the use of resources in a manner that ensures effectiveness and within a framework that guarantees the concertation of efforts with social programmes already under way, particularly those implemented by non-governmental organizations and civil society.

Many developing countries are already implementing this framework with remarkable success on the basis of the "three ones" principle, which provides for one national strategic framework to guide country-level efforts, one national coordinating authority and a single agreed framework for monitoring and evaluation.

Within the framework of the international commitment to combating the epidemic, greater international efforts are needed in the fight against the illegal trafficking in narcotics. Further United Nations efforts are also needed to achieve the peaceful settlement of armed conflicts, particularly in Africa, which contribute to the draining of the economic potential of the countries where the epidemic is still spreading. They also contribute to the expansion of socially marginalized sectors through the stigmatization and negative stereotyping that result from the fear of infection. The spread of HIV/AIDS leads to an increase in the number of orphaned children susceptible to recruitment in armed conflicts, as well as to the increase of sexual violence that paves the way for the spread of infection among youth, women and children. These negative ramifications create further challenges to peacebuilding efforts in many countries emerging from conflict.

It is also essential to enhance regional cooperation in order to bring about a long-term AIDS response. In this regard, I would like to stress the importance of the international community's financial and technical support for the centre that the African Summit in Sirte, Libya, decided to establish in 2005 in order to promote cooperation on the continent in the fight against HIV/AIDS, alongside African national efforts to curb the infection and the resulting escalating mortality rates.

In this context, Egypt has sought to share its expertise with its sisterly African countries where the epidemic is most prevalent, believing in the necessity of South-South cooperation to complement, but not to substitute for, North-South cooperation. This approach is made manifest through the dispatch of medical expertise, technical assistance and training programmes. More recently, Egypt has embarked, in consultation with the private sector, on the expansion of its pharmaceutical industry to produce antiretroviral medications with a view to contributing to the reduction of the costs of importing them from outside the continent.

All of the foregoing highlights the need to address the epidemic with vigour and firm resolve, fully implementing the pledges we made in the Political Declaration on HIV/AIDS, adopted three years ago by the General Assembly. We have to work sincerely to reinforce international and national structures and supply the necessary support in a manner that maintains the balance between the need to improve services and the need to ensure their universal access as soon as possible, that provides treatment and prevention, and that increases assistance and the efficient use of resources with a view to achieving our goals, especially Millennium Development Goal 6, by the targeted date and in all States without exception.

Mr. Sumi (Japan): Japan welcomes the Secretary-General's progress report on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (A/63/812). My delegation also appreciates the international efforts led by the Joint United Nations Programme on HIV/AIDS to combat HIV/AIDS.

The international community still faces many challenges caused by the HIV/AIDS epidemic. Therefore, Japan renews its commitment to proactively contributing to the efforts of the international community to achieve universal access by 2010. Japan continues to advance both bilateral and multilateral cooperation, along with the health and development initiative announced in 2005. Japan highly values the roles of the Global Fund to Fight AIDS, Tuberculosis and Malaria in supporting HIV/AIDS initiatives. In this regard, my Government, one of the major donors to the Fund, has contributed over $1 billion since 2002.

The international community must not shirk its obligations to vulnerable people in securing expanding access to HIV/AIDS prevention, treatment, care and support programmes. Despite the current global financial crisis, we must not let up in our efforts to build stronger health systems in order to more effectively deliver assistance to vulnerable people. In that regard, we welcome the Global Fund's efforts to promote its support for vulnerable groups and the regional balance of the Fund's support.

In order to secure the steady implementation of HIV/AIDS programmes, it is indispensable that we increase the varieties of our collaboration within both the private and the public sectors. And, in addition to increasing financial assistance, we stress the importance of improving the effectiveness of that support, as well as improving its cost effectiveness. Furthermore, an approach specifically focused on a particular disease is not sustainable. We need to pay specific attention, not only to disease-specific approaches, but also to comprehensive approaches to strengthening health systems and maternal and child health.

It is gratifying to know that various agencies within the United Nations and beyond are working together horizontally to achieve such a comprehensive approach. Japan, for its part, will continue to work and support those efforts by playing a leading role in integrating the efforts of the world community.

Mr. Moreno Fernández (Cuba) (*spoke in Spanish*): First of all, allow me to support the statement made this morning by the distinguished delegation of Mexico on behalf of the Rio Group. Today, the world is facing the most serious international economic and financial crisis of the last eight decades. It is threatening to become a disaster from both the human and the developmental points of view and is inevitably linked to the subject we are addressing today. The crisis is the result of the unjust prevailing international economic and financial order and its origins make it clear that the countries suffering the most are certainly not the culprits.

However, I think we can state, without any fear of being mistaken, that the efforts of the Southern countries to achieve the Millennium Development Goals, including health-related goals, will have been virtually in vain, despite the huge political will harnessed to meet them. The millions of sick, starving and illiterate people living in the world prior to the crisis will now be multiplied as a result of that crisis and other related crises, including, among others, the food and energy crises and the challenge of climate change.

In spite of the progress made in combating the HIV/AIDS pandemic, the goal to ensure universal access to comprehensive prevention programmes and to treatment, care and support services by 2010 will be hard to meet for many countries of the South, particularly the poorest. More than two thirds of the people suffering from HIV/AIDS worldwide today live on the African continent. Sub-Saharan Africa remains the most severely affected region with approximately 4.7 million people with the disease, and where only

about one fourth of the people requiring antiretroviral treatment have access to it.

Given the current international situation in all its complexities, Cuba considers it important to reinforce the HIV/AIDS prevention strategy through sex education in schools and the mass media. Education and prevention programmes for youth to promote healthy and responsible sexuality are crucial in the fight against HIV/AIDS. It has been scientifically proven, especially in our region, that the sexual abstinence strategy is not effective in preventing HIV/AIDS.

Cuba believes the fullest enjoyment of the best physical and mental health possible is a fundamental human right, and consequently Cuba attaches great importance to the fight against HIV/AIDS and the fight against discrimination, which often go together.

The specificities of the Cuban health system, marked by its universality — the fact that it is free of charge and accessible for all — as well as the organizational structure of our society and the multisectorial HIV/AIDS prevention and control programme, guarantee access to medical services by all of the population. There are monitoring programmes and 100 per cent access to antiretroviral treatment programmes, as well as the guaranteed right to work, full salary, appropriate nutrition and all civil, political and social rights.

We have managed to contain the pandemic despite the fierce economic, commercial and financial blockade imposed by the United States of America and despite our limited access to new medicines and technologies produced by United States companies or their subsidiaries in third countries. Cuba has already produced six antiretroviral medications and continues to carry out research in order to obtain more effective medications and the desperately needed vaccines. From 1986 to 31 May 2009, 11,208 cases were diagnosed as HIV positive, 4,528 of whom suffer from AIDS and receive all of the necessary treatment and medical care.

At the same time, I should stress that Cuba has benefited from the cooperation of the United Nations and other organizations that have contributed to strengthening our country's efforts to combat the pandemic. Cuba, in its turn, has offered its modest support to other countries of the Third World. As is well known, one of the key elements of Cuban cooperation is in the fight against HIV/AIDS. More than 52,000 youths from 132 countries and 5 overseas territories have studied and graduated in Cuba. More than 34,000 of them came from the African continent and mainly from the health sector. Today, over 38,000 Cuban health professionals and technicians collaborate in 73 countries.

Allow me to conclude with a call to action. With the vast sums allocated to the arms industry — an amount that the press reports has increased even further this year — and the trillions allocated to saving big companies from bankruptcy, we could completely eliminate the hunger, the pandemics such as HIV/AIDS and other diseases and the disasters that affect our societies. We, the countries of the South, do not need promises but concrete actions. International solidarity, not competition, and social justice, not wars, should be the governing principles of a peaceful system and a just and equitable international order in which all of us can live in harmony and development.

Mr. Wetland (Norway): Allow me to take up the closing remarks made by my colleague from Cuba, when he made the comparison between the problems that we face fighting global health issues and the situation we are in with regard to the financial crisis, where billions, even trillions, are raised to support a weak financial structure. Indeed, it seems that money does not seem to be a problem when the problem is money, but it is if we are dealing with another problem.

In the Norwegian Government's efforts to respond to HIV/AIDS internationally, the gender focus is essential, as mother-to-child transmission prevention is an area that was lagging behind in the global response. This is a shame, and it must be rectified. In addition, success in the world's long-term response to AIDS depends on addressing the stigma and discrimination that make young people particularly vulnerable to AIDS.

In June 2009, the Norwegian Ministry of Foreign Affairs and the Goodwill Ambassador of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Her Royal Highness Crown Princess Mette-Marit, in collaboration with the aids2031 project, will hold a young leaders' summit in Oslo to unite young leaders in the ongoing fight against AIDS-related stigma and discrimination.

Against this background, Norway welcomes the tone of the present report (A/63/812). It does not cover up the difficult issues. It is clear and it sets out

direction. This is the kind of leadership we expect from the United Nations, and this is what it takes to halt new transmissions of HIV and manage the impact of the AIDS pandemic.

We know that AIDS is not over and will not be over for many years to come. Even with the best scenarios for effective prevention, millions of new patients will require treatment year after year, at a cost that will be a burden on national health budgets and international financing.

As Professor Jeffrey Sachs put it in his talks yesterday on health, health is not really expensive, but it is not free either. This is why the AIDS response cannot make it to universal access on its own. We also know that many countries will not achieve the health-related Millennium Development Goals (MDGs) without managing the AIDS response. The social and structural factors that increase vulnerability to HIV are also factors that represent barriers to the other MDGs. We can no longer deal with AIDS with one hand and the other MDGs with the other — it is now time for a handshake.

A case in point is the need to address maternal and neonatal mortality, prevention of mother-to-child transmission, treatment and care for mothers and children and reproductive health and rights in ways that mutually strengthen access to services and make the most of limited resources — whether we are talking about funding, skilled human resources, infrastructure or drugs and supply systems. This was made abundantly clear during our debate on global health yesterday.

We note the strong message in the report on the need to deal with stigma and discrimination. We need to review laws that present obstacles to effective HIV prevention, treatment, care and support for vulnerable subgroups.

Norway underlines the importance of the work of the International Task Team on HIV-related Travel Restrictions and of the Secretary-General himself in drawing attention to laws that restrict the entry, stay and residence of people living with HIV based on HIV-positive status only. Restrictions and discrimination associated with these laws in some 60 countries have proved to feed stigma and have a negative impact on national AIDS programmes and the achievement of universal access. Continued strategic advocacy and action at the global, regional and national level are now important, as is questioning the basis for imposing such restrictions and working to eliminate them.

Finally, I want to congratulate the UNAIDS Executive Director, Michel Sidibé, on his new position. We will support him wholeheartedly in his work. We will work with him now, we will work with him in the Economic and Social Council this summer, and we will work with him thereafter.

Mr. Matenje (Malawi): Allow me to begin by aligning my delegation with the statements delivered by the delegation of Swaziland on behalf of the African Group and by the Minister of Health of South Africa on behalf of the Southern Africa Development Community. I would like to add Malawi's voice to this important debate.

We thank the Secretary-General for the report (A/63/812) that is before the Assembly. We note the developments in the AIDS response and the challenges that we continue to face in our quest to meet the target of attaining universal access to HIV/AIDS prevention, treatment, care and support by 2010.

Malawi supports the forward-looking recommendations contained in the Secretary-General's report and is committed to translating the recommendations into further action aimed at the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

At the national level, the Malawi Government and its leadership remain fully and strongly committed to the fight against the HIV/AIDS pandemic. To that end, the Malawi Growth and Development Strategy, a homegrown, overarching national development policy for achieving sustainable growth and development, identifies the fight against HIV/AIDS as one of the priority areas that need urgent and continuous attention in the implementation of our national development agenda and the attainment of the internationally agreed development goals, including the Millennium Development Goals.

The implementation process of the national development agenda focuses on several specific activities, including the prevention of the spread of HIV infection, providing treatment and nutritional support for people living with HIV/AIDS and mitigating the health, socio-economic and psychoso-

impact of HIV/AIDS on the general population and high-risk groups, particularly women and children.

Most importantly, the Government has made the prevention and management of nutritional disorders, as well as programmes to control malaria and tuberculosis and to eradicate poverty, part of the comprehensive response to HIV/AIDS prevention, treatment and care. In addition, special focus has been placed on the empowerment of women and girls in recognition of the feminization of the pandemic.

Over time, some progress in the fight against the pandemic has been registered in Malawi. For instance, knowledge of HIV and AIDS is almost universal; the change in behaviour reflected in condom use has increased from 47 per cent to 57 per cent among sexually active males and from 30 per cent to 37.5 per cent among sexually active females; HIV prevalence among persons aged 15 to 49 declined from 14.4 per cent in 2005 to 12 per cent in 2007.

Further to that, 661,400 people were tested in 2007, compared to 283,461 people in 2004; 280,446 pregnant women were tested in 2007, compared to 52,904 in 2005; 146,856 people were on antiretroviral therapy in 2007, compared to 3,000 in 2003, with a survival rate of 78 per cent; 39 per cent of HIV-positive tuberculosis patients were placed on antiretroviral therapy in 2007, compared to 29 per cent in 2005; and 53 per cent of the 1 million orphans and other vulnerable children received different types of assistance, including direct cash transfers, as part of the implementation of the National Plan of Action for Orphans and Vulnerable Children, launched by the Government in 2004. The National AIDS Commission is currently collecting data for 2008.

While the national HIV/AIDS policy has enhanced the fight against HIV/AIDS, challenges remain. Those include stigma and discrimination in all settings, inadequate human resource capacity, the brain drain of skilled health-care professionals, inadequate infrastructure, cumbersome donor fund disbursement procedures and procurement conditionalities, and the high cost of antiretroviral medicines.

In that regard, we look forward to continued cooperation with our development partners and with the international community in the collective fight against HIV/AIDS. Malawi will continue to build and strengthen systems that are aimed at improving the effectiveness of HIV/AIDS service delivery at all levels.

Mrs. Kondolo (Zambia): My delegation is pleased to participate in this important debate on agenda item 41, entitled "Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS". From the outset, allow me to align my delegation with the statements delivered by the representatives of Swaziland on behalf of the Group of African States and of South Africa on behalf of the Southern African Development Community.

Let me also commend the Secretary-General for his report, contained in document A/63/812, and for the recommendations contained therein, which form a good basis for our deliberations. My delegation agrees with the Secretary-General that it is time to look to the 2010 agreed milestones in the global efforts and make the necessary recommendations for key actions in order to accelerate progress and renew commitment to the goal of universal access to prevention, treatment, care and support for all who are infected and affected by HIV and AIDS.

Zambia is one of the sub-Saharan African countries most affected by the HIV/AIDS pandemic. With a prevalence of 14.3 per cent of the adult population infected with HIV and an estimated 1.2 million orphaned and vulnerable children, of whom 75 per cent are orphaned as a result of HIV, the pandemic remains Zambia's most critical health, development and humanitarian challenge. The Zambian Government realizes that unless global efforts are enhanced to scale up our response, the pandemic threatens to undermine our efforts to achieve the internationally agreed development goals, including the Millennium Development Goals.

In response to that challenge, Zambia initiated a multisectoral response and has continued to demonstrate strong political commitment by developing mechanisms, policies and programmes to effectively strengthen the national response. Those measures include the establishment of a high-level cabinet committee of ministers on HIV/AIDS and the National AIDS Council and Secretariat, with a cross-sectoral representation, whose role is to coordinate the national response.

In addition, the Zambian Government has mainstreamed HIV/AIDS into the fifth national

development plan and incorporated the 2005 national policy on HIV/AIDS, sexually transmitted infections and tuberculosis and the related national strategic framework on HIV/AIDS into the plan. In tandem with the development of the strategic framework, Zambia has finalized the 2006-2010 national HIV/AIDS monitoring and evaluation operational plan to enable the country to track its progress towards stated objectives.

The measures that my Government has taken have been centred, but not exclusively, on the health sector. Those bold steps have begun to show progress on key indicators. For example, Zambia introduced the prevention of mother-to-child transmission (PMTCT) programme in 1999, under which it is currently providing prevention services to protect unborn children. I am pleased to report that nearly 40 per cent of HIV-positive women are accessing PMTCT services.

Since 1999, Zambia has also been expanding the provision of HIV counselling and testing services. By the end of 2008, more than 1,500 health facilities were providing HIV counselling and testing. In addition, approximately 4,000 professional providers and 3,000 community providers were trained to offer that service. Approximately 500,000 people aged 15 years and older were tested in 2008.

With regard to treatment, Zambia continues to provide free antiretroviral therapy to an estimated 50 per cent of all adults and children with advanced HIV infection. The number of HIV-infected persons receiving antiretroviral therapy increased from approximately 40,000 in 2005 to approximately 150,000 in 2007. The number of centres providing antiretroviral therapy both for PMTCT and nationwide increased from 62 sites in 2005 to 678 sites in 2007. Furthermore, two thirds of estimated HIV-positive incident tuberculosis cases received treatment for tuberculosis and HIV in 2007 — an increase of 35 per cent from 2006.

Zambia recognizes that the responsibility for AIDS goes far beyond the scope of the health sector and even beyond the role of Government. As part of the multisectoral response, the Government has acknowledged the role played by civil society and the private sector, particularly in scaling up the antiretroviral therapy programme. The Government also continues to engage all other partners that can make a meaningful contribution to that response.

In recognition that the impact of HIV/AIDS has been greatest at the community level, the Government has engaged the community in both prevention and impact mitigation and has facilitated the flow of resources at the community level. Communities and households have been empowered through microfinancing, typically with small capital investments focusing on women. Social safety nets have also been introduced for families facing severe crisis.

It is clear that, although there has been progress, much more remains to be done if we are to meet the 2010 target, and indeed the Millennium Development Goals, and other regional and international agreed commitments on HIV/AIDS. As we scale up interventions in treatment, prevention, care and support, other critical areas and drivers in the HIV/AIDS response need to be addressed, including orphans and children made vulnerable by HIV; youth empowerment; enhanced investment in human resources; the revision of legal and policy frameworks that address issues of stigma and discrimination; and the issue of gender inequality and unequal power relations between women and men, which have a great impact on HIV transmission. Expanded action on these key areas is critical in order to strengthen the national, regional and global response.

I would be remiss if I did not acknowledge the support we have received from various partners, including the Joint United Nations Programme on HIV/AIDS, the Global Fund, the World Bank, the United States President's Emergency Plan for AIDS Relief, other bilateral partners and the non-governmental organization community. Given that Zambia's vision is to have a nation free from the threat of HIV and AIDS, sustained collaboration with our partners will therefore be critical in addressing this challenge.

We have come a long way in the fight against HIV and AIDS. We must consolidate the gains that have been made in the struggle thus far, especially as we approach the 2010 deadline of universal access and the goal of halting and beginning to reverse the spread of HIV and AIDS by 2015. Zambia therefore reaffirms its commitment to this cause and will work with the international community in ensuring that this scourge, which continues to ravage humanity, is finally defeated.

Mrs. Nazaire (Haiti) (*spoke in French*): My delegation fully aligns itself with the statement made this morning by the representative of Mexico on behalf of the Rio Group, of which Haiti is a member. We would also like to commend the Secretary-General for the outstanding calibre of his report on the progress made in the fight against HIV/AIDS (A/63/812), which will provide important focus on this high-level debate. Haiti is pleased to participate once again in this forum, which periodically takes stock of the terrible pandemic, in order to better prioritize the goals and coordinate the enormous global efforts in the fight against HIV/AIDS, as reflected in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

In terms of fighting HIV/AIDS, nowhere has the need for complete local and international mobilization been as acute and so conclusive as it is in Haiti. It can never be stressed enough that if the encouraging results — especially the reduction of HIV prevalence from 6.5 per cent at its height in 1993, to 2.2 per cent in 2008 — have continued in spite of the ideological, social and economic upheavals, it is mainly the consequence of a fundamental realization and an exceptional pooling of the global strategic and operational resources that, on the issue of AIDS, have managed to rise above all differences. In following the path set out by the irrefutable compass of its national strategic plan, Haiti has made much significant progress with respect to the latest update on the disease before us today.

In March 2009, the number of screening centres rose by 11 per cent in a little more than a year, from 127 to 141, followed by a significant increase from 317,324 people tested for HIV in 2007 to 521,070 people tested between April 2008 and March 2009. Included in those numbers were 152,878 pregnant women, which is an important improvement increase from 2007 and is directly linked to the 14 new institutions offering prevention services and mother-to-child transmission programmes. Last March, there were 108 such institutions, compared to 94 in 2007.

Finally, in Haiti we now have 79 sites providing palliative care and 48 sites providing antiretroviral drugs. In large part because of aid from the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR), 22,650 patients are now being treated with antiretroviral therapy, bringing us closer to achieving our goal to provide triple therapy to 30,000 patients by 2010. With respect to prescriptive care, national protocols to improve care for various groups of patients have benefited for more than a year from 18 pilot sites using a scientific method of quality assurance and improvement, known as QAQI. The National Commission to Fight AIDS has recently extended the programme to six more sites, with the technical support of PEPFAR, the Pan American Health Organization (PAHO) and the World Health Organization (WHO).

As we have noted, with respect to prevention, care and protecting the rights of people living with AIDS, the role of civil society in Haiti has been fundamental. The important partnerships between civil society and the public sector continue to provide invaluable assistance in raising awareness and behaviour modification among vulnerable groups, particularly young people, migrant women, sex workers and men who have sex with men. It is therefore no accident that, year after year, these organizations of young people, women and people living with AIDS, the press and religious organizations have been recognized internationally, in particular through the United Nations, which last year again awarded one of its prestigious prizes, the Red Ribbon Award, to a Haitian non-governmental organization that works to eradicate AIDS. The choice of Haiti since 2003 as a site for experimental clinical trials, vaccines and various high-level behavioural studies can also be chalked up to our national consensus.

Finally, with regard to planning and the institutionalization of our activities, we must continue to integrate programmes to fight tuberculosis and HIV, to strengthen the roles of key actors and to decentralize intervention programmes in order to guarantee equal access to care. Moreover, in order to improve access to information on sexually transmitted diseases and HIV/AIDS, the National Programme to Fight AIDS has begun working with its partners to create a single national database.

All these gains would not have been possible without the broad solidarity movement that resulted from the Declaration of Commitment, which secured significant contributions for us in terms of funding and technical expertise from our international partners, to whom we reiterate our gratitude.

This overview of our achievements does not seek to imply that the trend of the past few years represents

a definitive change in the progress of the epidemic. We must remain vigilant because many indicators, such as those confirming the feminization of the pandemic, are still of great concern, while some outcomes, while positive, remain insufficient, such as the low figure of 170,000 people living with AIDS who are being treated with antiretroviral drugs, or the rate of effective implementation of the multisectoral approach. Similarly, the treatment rate for syphilis is only 66 per cent of those who have tested positive for that disease. That is disheartening when we consider that the seropositivity rate for syphilis is around 6 per cent and that Haiti is a signatory of the WHO/PAHO Convention on the elimination of syphilis by 2015.

Today, it is more urgent than ever to reach the more than 56 per cent of children born of HIV-positive mothers and to treat them with prophylactic antiretroviral drugs. We must make greater efforts to ensure that those children do not grow up prey to the extreme vulnerability to AIDS that has made 68,000 orphans.

In conclusion, while my delegation knows just how fragile are the achievements made so far in the fight against HIV/AIDS, we wish to send a message of hope and encouragement. The global mobilization of scientific, financial, humanitarian, physical and conceptual resources must not falter, as it is the only way to win the fight against HIV/AIDS — the major obstacle to achieving the Millennium Development Goals.

Mr. Loulichki (Morocco) (*spoke in French*): My delegation is happy for the opportunity offered by this debate to reiterate the firm commitment of Morocco to the fight against HIV/AIDS, and our wholehearted support for the Millennium Development Goals, which make health a fundamental and inalienable human right.

My delegation of course subscribes fully to the declaration made on behalf of the African Group by the Permanent Representative of Swaziland.

My delegation notes with satisfaction the achievements and progress that have been made in the fight against this devastating pandemic since the commitment made by the General Assembly at its twenty-sixth extraordinary session, in 2001, and reaffirmed in the Political Declaration of 2006. We are aware, however, of the limits to this progress, identified by the Secretary-General in his report (A/63/812), which are largely linked to the precarious situation of victims and their families.

Today, the impact of the economic crisis on the fight against HIV/AIDS makes it more difficult to secure international commitment to combat this deadly scourge. Only access to an arsenal of investments and combined strategies will allow us to eliminate the heavy human and economic cost of the epidemic. This presupposes, above all, collective and sustained political will, combined with a more substantial increase in financial aid, as the only way to ensure universal access to the preventive services, treatment, care and follow-up that can make treatment become more widespread more quickly.

Wishing to pursue that objective on an international scale, my delegation notes with concern the growing impact of gender inequality, which is favouring the spread of HIV/AIDS by reducing the autonomy of girls and women and their capacity to control the risks they run of becoming infected. We fully subscribe to what was said in the report by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to the Economic and Social Council, according to which the introduction of universal access to treatment is still dependent on the social, cultural and structural determinants of the epidemic. We feel that the cultural aspect of the international fight against this scourge has not been addressed as sufficiently as it could be. This dimension deserves tangible efforts in order to better raise awareness and to provide ethical guidance to the populations most exposed and most at risk.

Despite the low level of HIV/AIDS infection in Morocco, the fight against it is still a priority for my country. We have a national strategic plan, a single monitoring system and an authority that coordinates action in this area. The implementation of this strategy, thanks to the support and mobilization of all national and international partners, has enabled us to reach one of our aims: non-discrimination in the care provided and in the dissemination of the triple combination therapy.

The national strategy for 2007-2011, established by the Moroccan authorities in partnership with civil society, aims to reinforce the preventive approach in order to reach a million people between now and 2011. This plan is intended to develop and diversify opportunities for counselling and screening and to

ensure good-quality care, including psychosocial care, for those affected, including access to antiretrovirals in most regions of Morocco. Our efforts are especially focused on preventing mother-to-child transmission of HIV/AIDS, on reproductive health services and on the workplace in the private sector. Likewise, and in the effort to involve young people in the fight against this epidemic, youth clubs have become an effective way to raise awareness among that part of the population of the risks and consequences of this plague.

Finally, in economic, social, cultural and civic terms, the implementation of the National Initiative for Human Development since 2005 has made a tangible contribution to the national effort to reduce the impact of the HIV/AIDS pandemic. In this national effort Morocco has been able to count on its partners, especially UNAIDS, which has provided valuable technical assistance in the form of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Morocco remains prepared to share with friendly, fraternal countries its experience in the work we have done on raising awareness, preventing and providing treatment for this scourge.

If the efforts of the international community to contain the HIV/AIDS pandemic have made possible some positive results at an international level, and especially in our affected continent of Africa, that progress should encourage us to raise our ambitions and expectations and to speak henceforth of the elimination and eradication, rather than of the reduction, of HIV/AIDS. The remedies are available, and — as the ambassador of Cuba, seconded by the ambassador of Norway, said — the funds needed to put an end to this pandemic are modest in comparison to the funds mobilized to deal with the financial crisis. It remains for us to make a resolute and substantial commitment so that future generations will be sheltered from this scourge, which kills human beings indiscriminately. That commitment is called political will.

Mr. Savostianov (Russian Federation) (*spoke in Russian*): Although the last few years have been remarkable for the significant progress made in fighting epidemics, HIV/AIDS remains one of the most serious challenges of modern times. Constant vigilance in taking effective measures against it, strengthening national public health and social systems and reliable financing and improvement of HIV/AIDS programmes, are, we believe, the ways to guarantee further long-term success in combating HIV/AIDS.

The cooperation between the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS), which itself helps unite efforts to attract sponsors within the United Nations system and the Global Fund to Fight AIDS, Tuberculosis and Malaria, constitutes what is probably the broadest and most successful partnership in the fight against the HIV/AIDS epidemic. We fully support the efforts of these organizations to solve these acute difficulties in safeguarding public health.

At the country level, the key condition for the effectiveness of efforts to combat this epidemic is providing appropriate leadership and planning across the spectrum, at national as well as local and community levels. It is at the local level that we can deploy targeted measures such as information and educational programmes and provide psychological assistance and medical services.

Unfortunately, my country has not been spared the effects of HIV infection. In order to actively fight this scourge in our country, we have created a Government commission on HIV infection and, within the Ministry of Health and Social Development, the Coordinating Council on HIV/AIDS, in which civil society and people living with AIDS are active participants. As a result, a more systematic approach has been employed, and significant progress has been made in improving access to care and the prevention of AIDS infections, providing care for people living with AIDS and putting in place major programmes and projects.

In 2007 and 2008, looking only at the federal budget, we earmarked $480 million for HIV/AIDS diagnosis and treatment and for prevention programmes, which is ten times more than the federal financing for these programmes in recent years. Combating infectious diseases, especially HIV/AIDS, is one of the international development assistance priorities for the Russian Federation for 2007. Our contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria amounts to $40 million. Up until 2010, we will also cover all of the expenditures from this Fund for a $217 million project in Russia. At this time, the Russian fund has already contributed $200 million to provide assistance to developing countries.

Our experience in the area of the Commonwealth of Independent States countries is valuable, as subregional and community-level efforts play an important role in combating infectious diseases. Taking this experience into account, the Russian Federation will continue to provide technical, financial and organizational support to countries in combating AIDS.

From 2007 to 2010, $50 million will be allocated to research on HIV infection prevention and the creation of a coordination mechanism for research in Central Asia and Eastern Europe as well as our cooperation with global centres on vaccine development. We are putting together a comprehensive programme to assist Central Asian countries in preventing AIDS and hepatitis. We have budgeted more than $30 million for this programme, and we are convinced that the political commitments demonstrated at this meeting, as well as practical measures for prevention, will provide significant input to our further battle against HIV/AIDS.

Mr. Normandin (Canada): While great progress has been made in the response to HIV/AIDS since the 2001 Declaration of Commitment, enormous challenges remain, as we all know. Canada is committed to meeting these challenges. Our domestic and international efforts are grounded in a respect for human rights and the recognition of the role of health factors in affecting vulnerability and resilience to HIV/AIDS. We work towards overcoming the stigma and discrimination faced by those living with and at risk of HIV/AIDS.

Partnership with civil society remains at the heart of the Canadian response. Policies and programmes are developed with advice from the community, including those living with HIV/AIDS or at risk of infection. At the international level, we have been supportive of civil society engagement in the Economic and Social Council and in the Programme Coordination Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The Declaration of Commitment outlined several broad directions for action. I would like to first consider the importance of reducing vulnerability.

Canada recognizes that social and economic factors, such as poverty and homelessness, lead to health inequities. Also, in Canada, the fundamental drivers of the epidemic are reflected in the heightened vulnerability to HIV of indigenous people, those who inject drugs, gay men, and women. Internationally, we promote gender equality and women's empowerment to address the feminization of the epidemic.

In its domestic response to HIV/AIDS, Canada has made significant progress in implementing a population-specific approach in research, monitoring, policy and programming. This approach focuses efforts on key populations and factors that affect vulnerability and resilience. By gathering population-specific evidence and conducting enhanced surveillance studies, Canada has developed a solid body of knowledge about the populations most affected. In partnership with affected communities, Canada continues to develop and implement innovative and targeted approaches.

Another key action area to which Canada is particularly committed is the goal of universal access to comprehensive HIV prevention. In our domestic and international responses, Canada is advancing effective evidence-based HIV prevention, testing and counselling approaches, including linking HIV/AIDS with education and new prevention technologies. New and expanded technologies, such as rapid testing, have been introduced and are showing promise in increasing access to testing. Canada also continues to invest significantly in research and programmes, including vaccine development, to reduce the transmission of HIV.

(*spoke in French*)

Canada supports the goal of universal access to essential care, treatment and support. To achieve this, we work with developing countries to strengthen their health systems and promote the rights of children infected and affected by HIV/AIDS.

In Canada, most people living with HIV/AIDS have access to high quality care, treatment and support. As people are living longer, healthier lives, workplace issues have come to the forefront. Canada is one of the main contributors to the Health Working Group on HIV/AIDS of the Asia-Pacific Economic Cooperation forum, leading the development of guidelines to create an enabling environment in the workplace for people living with HIV/AIDS. These guidelines were endorsed by APEC leaders in 2007.

With the entry into force of the Convention on the Rights of Persons with Disabilities, there is growing recognition of the interplay between

HIV/AIDS and disability. In collaboration with UNAIDS, Canada hosted an international policy dialogue in March 2009 to discuss the unique interaction between HIV/AIDS and disability and its relevance to global policy development.

To conclude, although we know we are facing a global economic crisis, an economic downturn, we must not neglect our collective efforts to combat HIV/AIDS. Strategic investments and innovative approaches will help to reduce the transmission of HIV and improve the quality of life of those living with and affected by HIV/AIDS. Canada is determined to work together with its global partners to draw up a shared vision for bringing the HIV/AIDS pandemic to an end.

Mr. Amil (Pakistan): At the outset I should like to thank the President of the General Assembly for having called this meeting and for keeping this agenda item alive. Today's meeting of the General Assembly is testimony to the lasting commitment of the international community to fight the HIV/AIDS pandemic together.

On this occasion we also thank the Secretary-General for his recent report on the progress made on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. The Secretary-General has rightly emphasized the importance of strengthening national legislation on prevention, of improving law enforcement mechanisms and of increasing annual financing to $25 billion from all sources by 2010.

HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies. Currently, there are more than 33 million people in the world living with HIV/AIDS, which constitutes one of the leading infectious causes of death in adults. In most regions it strikes at the heart, rolls back accomplishments in health and education, and leaves society weakened at every level. While it is encouraging that investment supporting the AIDS response has increased from a mere $300 million in 1996 to nearly $14 billion in 2008, there remains, unfortunately, a large gap in funding in countries where HIV is on the rise.

The HIV/AIDS pandemic poses tremendous challenges to the public sector, particularly to health care and education systems, both of which are areas of human capital investment important to a nation's future and economic development. However, it is also significant to note that HIV/AIDS is not simply a biomedical or demographic problem. It is also a development issue that is deeply rooted in poverty and underdevelopment. The consequences of increased infection include the loss of skilled labour, a weakened agricultural sector, a fall in life expectancy and the loss of family income earners through sickness and death. These challenges arising out of poverty and underdevelopment are further aggravated by the high cost of drugs, limited access to health facilities, expenditures on transportation and the lack of resources for antiretroviral treatment. Central to these processes are also the conditions of isolation and discrimination faced by those who are affected. This multifaceted problem therefore demands a comprehensive and well-coordinated response based on addressing the root causes that have fuelled this pandemic in poor countries.

Pakistan is fully aware of its responsibilities to achieve the targets for 2010 and 2015. An estimated 85,000 people are currently living with HIV in Pakistan, where HIV prevalence amounts to less than 1 per cent of the overall population. Although estimates for persons living with HIV in the general population have remained fairly constant over the years, the shift from low prevalence to a concentrated epidemic took place owing to an increase in reported HIV cases, particularly among drug users.

The response to the HIV epidemic in Pakistan has been a coordinated effort on the part of the Government and the United Nations system, civil society and bilateral donors. The National AIDS Control Programme has been in place since the 1990s. This comprehensive programme, with the allocation of $30 million for the period of 2003-2008, aims to control HIV/AIDS cases by creating awareness, strengthening safe blood transfusion services and avoiding stigmatization of vulnerable populations.

One year away from the universal access targets and midway towards achieving the Millennium Development Goals, we need to commit ourselves to reducing the global HIV/AIDS resource gap through greater domestic and international funding. This funding must be predictable, sustainable and aligned with national HIV/AIDS plans and strategies. All stakeholders, including national Governments, must be involved in building efforts at all levels to move in a

more robust way towards universal access to HIV prevention and treatment.

Mr. Puri (India): I should like to thank the President of the General Assembly for having convened this plenary meeting on HIV/AIDS. This stocktaking is timely and pertinent and deserves to be fully utilized to review progress made so far and to reinforce the commitment of the international community towards combating the global HIV/AIDS pandemic.

Coming as it does at a time when the world is confronted with a severe economic and financial crisis, it is of critical importance to ensure that global efforts, particularly international financial and donor commitments, are further strengthened so as to reduce the incidence of HIV/AIDS. Otherwise, we risk reversing the gains made so far and losing opportunities in the future. We must work together at the intergovernmental level to enhance governance and coherence in global institutions with a view to exploiting their synergies and promoting international solidarity.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has played a major role in enabling Member States to put in place effective coordination and implementation mechanisms at the country level. However, developing countries are at the margins when it comes to playing a meaningful role in UNAIDS governance. This has led to a situation in which developing countries have not been able to have resources channelled in accordance with their needs. At times, Member States have not been able to utilize grants by the Global Fund. With the new partnership between UNAIDS and the Global Fund, a mechanism must be put in place to ensure that the Global Fund is accountable to a multilateral framework.

There is a need for UNAIDS to ensure that there is progressive strengthening of the role of developing countries in strategic resource planning, country presence, grants disbursal, implementation and monitoring and evaluation. The functioning of such efforts must reflect the democratic and broad-based nature of the United Nations itself. This would be helpful in strengthening the sense of ownership among developing countries and in increasing the effectiveness of the Programme.

The HIV/AIDS pandemic and our response to it encompass several cross-cutting sectors and policy issues ranging from political, social and economic concerns to matters of human resources, trade, investments and intellectual property rights. Developments in any of these areas invariably have an impact on the effectiveness of global, regional and national responses. Therefore, it is important that related policy initiatives and developments are formulated and implemented keeping the overarching objective of the fight against HIV/AIDS in mind.

A holistic approach that includes effective prevention strategies and access to low-cost affordable treatment for all is essential to combating this pandemic effectively. This not only requires mobilization of additional resources, but also their efficient utilization. Despite concerted national and international efforts, only 30 per cent of those who need antiretrovirals are receiving the drugs, according to the Secretary-General's report, and shortfalls are expected to continue.

India is uniquely positioned as a source of low-priced and effective generic antiretroviral drugs that could fill that critical gap. Our companies and research have produced triple antiretroviral, as well as paediatric, formulations that have made life far easier for patients. India is also at the forefront of global efforts to develop a vaccine against HIV/AIDS.

Unfortunately, there have been certain developments in the recent past that are counterproductive to global efforts to providing affordable treatment for all and undermine the public health dimension of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). During the past few months, several consignments of generic drugs produced by Indian companies, including a shipment of Indian-made antiretroviral drugs for HIV/AIDS treatment bound for Nigeria, were seized in transit by the Dutch customs authorities on grounds of alleged violations of domestic patents and trademarks. The generic drugs in question were perfectly legitimate with regard to intellectual property, both in India and in the destination countries. Several developing countries, non-governmental organizations (NGOs) and United Nations agencies, including the World Health Organization and the International Drug Purchase Facility, have expressed their concern at those developments.

The Government of India attaches the highest importance to the protection and enforcement of

intellectual property rights in accordance with the TRIPS Agreement. However, it does not see the Agreement as divorced from the objectives and principles set out in its articles 7 and 8, and it definitely does not support efforts to enshrine new maximalist TRIPS-plus provisions in other forums.

The action of the Netherlands customs authorities to seize generic drugs traded between developing countries in full conformity with international disciplines runs counter to the spirit of the TRIPS Agreement, resolution 2002/31 of the Commission on Human Rights on the right to enjoy the highest standards of physical and mental health and General Assembly resolution 60/262 on the Political Declaration on HIV/AIDS. It is pertinent to recall that the TRIPS Agreement, as amended at Doha in 2001, allows national Governments compulsory licensing powers in the case of drugs meant to fight endemic diseases.

While we have taken up the matter bilaterally, as well as in the World Trade Organization, it raises a key question — whether developing countries, even abiding by international agreed commitments, do not have the right to have access to affordable medicines for their citizens.

India recognizes that political commitment is essential to combat HIV/AIDS. Our National Council on AIDS is chaired by the Prime Minister and the state councils by their respective Chief Ministers. That political commitment at the highest levels has been critical in containing the epidemic. Under the Council's direction, a multisectoral response is under way, involving the participation of the private sector, civil society and key Government departments.

India has a low adult HIV prevalence of 0.36 per cent. However, in absolute terms, it is estimated that the HIV-positive population is around 2.46 million and is the third largest in the world. Enormous efforts have been made to contain and roll back this epidemic during the past decade. The HIV/AIDS policies and guidelines in India reflect the view that the epidemic is a developmental problem rather than merely a public health issue. The third National AIDS Control Programme is integrated with various development programmes, like the National Rural Health Mission, the Reproductive and Child Health programme and the Revised National Tuberculosis Control Programme. The focus of all those programmes is the prevention of HIV transmission.

The National AIDS Control Programme in India is based on the premise that prevention is better than cure. It is committed to ensuring universal access to HIV/AIDS prevention. Seventy-five per cent of the budget of the National AIDS Control Programme is allocated to the execution of preventive services, particularly among groups with high-risk behaviour, such as commercial sex workers, injecting drug users, truck drivers and migrant labourers. Counselling and testing services, which started in a few centres in 2000, are now provided in nearly 5,000 facilities free to all Indians. That scaling up of testing facilities has resulted in the detection of 1 million HIV infections. It is planned to further increase the number of tests by 300 per cent in the next five years and to bring it to 22 million annually by 2012.

The Government of India recognizes that the stigma and discrimination associated with the disease can be as bad as the physical suffering. A comprehensive communication strategy on HIV/AIDS, developed by the Government, addresses that issue, along with the classical prevention aspects. Special attention is being given to youth and women, who are often the worst sufferers. An adolescent education programme covers more than 100,000 schools.

Efforts to promote an enabling environment and to reduce societal discrimination of persons infected with HIV and of their families are being made involving civil society, the political leadership, grass-roots level workers, self-help groups and others. A Government policy document on gender equality and a law on AIDS are being finalized which will, among other things, address those issues.

In India, the Government has actively involved civil society in the war against HIV/AIDS. As of 2006, 1,080 NGOs and community-based organizations had been enlisted by the National AIDS Control Programme to deliver targeted interventions. Despite resource constraints and competing priorities, the Government remains committed to ensuring that no Indian dies of AIDS because of lack of treatment. Presently, around 200,000 of our citizens are currently being provided antiretroviral therapy and treatment for opportunistic infections. Blood monitoring services to determine when HIV-positive persons might require

treatment are also provided free. We are also trying to make available second-line drugs.

We have come a long way since we committed ourselves to goals related to the HIV/AIDS pandemic. One of our leaders said, in most moving words, that HIV is a most deadly scourge, a disease that is not a medical or a scientific subject alone, but a poignant social issue as well. India is fully committed to effectively responding to the HIV/AIDS pandemic in a multipronged, multisectoral and multidimensional way.

Mr. Ali (Malaysia): I wish to thank the President for convening this plenary meeting to once again allow the international community to reflect on and assess its implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. It is timely indeed that we undertake that exercise one year before the target date for universal access to comprehensive prevention programmes, treatment, care and support for people living with HIV/AIDS, and as we move closer towards Millennium Development Goal 6 of halting and reversing the spread of HIV/AIDS by 2015.

At the international level, considerable challenges remain in our fight against HIV/AIDS. Even before the current economic and financial crisis, global progress in halting and reversing the epidemic was uneven, with its expansion outstripping the pace at which new services were being brought up to scale. Even now, however, as stated in the Secretary-General's report (A/63/812), the pace of new infections continues to outstrip the expansion of treatment programmes. Moreover, there is the danger that the global economic and financial crisis will lead to a decrease in the overall expenditure on social services in many countries, including on HIV/AIDS-related health treatments, as well as to a contraction of available donor funding for recipient countries. That should remain of concern as the burden of the HIV/AIDS epidemic disproportionately falls on developing countries, but the burden of responsibility falls on all.

Barriers that prevent the majority of HIV-infected individuals from obtaining equitable and affordable life-prolonging drugs remain. Access to those drugs should not be restricted by trade- and patent-related issues. Efforts undertaken to fight HIV/AIDS cannot be made in isolation, but must be approached in the broader scope of addressing the causes contributing to the epidemic.

Various screening programmes have been developed in Malaysia and, since 2006, more than one million individuals have been screened each year. The rising trend in the number of individuals screened has revealed that Malaysia is experiencing a steady decrease in the number of reported HIV cases since 2003 and that there is a high chance that Malaysia will reach the target of reducing new cases to a rate of 15 per 100,000 people by 2015. However, challenges remain, including the feminization of HIV/AIDS, which is seen not only in our country but worldwide.

The Government of Malaysia continues to implement our National Strategic Plan to respond to HIV/AIDS, which provides a framework for our response over the five-year period from 2006 to 2010. The Strategic Plan represents the Government's continued political and financial support in order to effectively address the issue and is a strong foundation for coordinating the work of all partners in health matters and for working together with civil society to reduce the impact of the epidemic in the country.

The majority of HIV/AIDS infections in Malaysia has been attributed to injecting drug use, and 60 per cent of our overall HIV/AIDS response budget is allocated to the harm reduction approach. Harm reduction initiatives, consisting of drug-substitution therapy, needle and syringe exchange programmes and increased condom use, are being implemented to reduce vulnerability among injecting drug users and their partners. We continue to scale up the drug-substitution programme known as methadone maintenance therapy, with the aim of reaching out to at least 25,000 opiate-dependent injecting drug users by the year 2011. We have also approved the provision of methadone maintenance therapy in closed and incarcerated settings, specifically in prisons. Additionally, 2008 saw the scaling-up of our needle and syringe exchange programme, with the participation of Government health clinics in addition to drop-in centres managed by community-based organizations supported by Government grants.

Despite the country's achievements in its implementation of the harm reduction approach, reaching out to other marginalized and most at-risk populations — namely homosexual men, sex workers and transgendered individuals — remains a significant and formidable challenge for Malaysia. Realizing the fact that reducing HIV vulnerability among these groups is pivotal in halting the spread of HIV within

the country, the Government has been working closely and in partnership with community-based organizations and other non-governmental organizations to ensure that these marginalized communities have access to HIV/AIDS-related information, condoms and voluntary counselling and testing. Increasing the coverage and quality of outreach programmes conducted by community-based organizations has also been made a priority.

With regard to young people, the Government of Malaysia continues to conduct a healthy lifestyle campaign, which involves the promotion of good moral values and healthy lifestyle practices, early detection and effective counselling, as well as mobilizing community support and participation. HIV education has been incorporated into various existing programmes such as school health programmes and healthy lifestyle campaigns.

The provision of access to antiretroviral treatment is an essential component of all national responses to HIV/AIDS. Access to cheaper drugs has made a major contribution in enabling countries such as Malaysia to expand their treatment options and capabilities. The cost reduction has also allowed for a wider range of antiretroviral drugs to be subsidized by the Government, making it possible to provide first-line treatment accessible to all patients at no charge at Government hospitals and clinics. A recent development in Malaysia with regard to improving access to HIV treatment has been the provision of antiretroviral treatment to those living with HIV in prisons and drug rehabilitation centres.

We are continuously challenged by the complexity of responding to the AIDS epidemic, both globally and in our respective countries. Many challenges remain before us and we must focus our energies on fostering greater action and building leadership. Malaysia reaffirms its pledge that it will work towards realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS and will continue its concerted efforts to reduce the impact of this epidemic and to contain its spread.

Mr. Pramudwinai (Thailand): At the outset, I should like to congratulate the President of the General Assembly on his able stewardship of this session. I also thank the Secretary-General for his report on progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (A/63/812).

I believe that all Members can recall the Political Declaration adopted in 2006 here in the General Assembly Hall. This important declaration reaffirmed, among other things, that prevention must be a mainstay of our responses to HIV/AIDS. It resolved to undertake efforts to overcome barriers that block access to effective prevention, treatment, care and support, and established commitments to set interim targets and scale up programmes to achieve universal access by 2010. We also committed ourselves to addressing HIV/AIDS concerns related to young people and women, eliminating discrimination against people living with HIV, eliminating gender inequality, addressing food and nutritional support, scaling up activities related to tuberculosis and HIV, increasing capacity of human resources for health, and providing the highest level of commitment to combat this illness.

The 2010 target we set for scaling up to universal access is fast approaching. We believe that it is an achievable date, if the commitment is given, as stated in the Declaration, at the highest level, and indeed, at all other levels.

Despite the current financial and economic crisis, Thailand remains committed to dealing with the issue of HIV/AIDS. As one of the Millennium Development Goals (MDGs), combating HIV/AIDS is crucial to the lives and well-being of our people and must not fall by the wayside as a casualty of the crisis. To this end, we would like to share some of our national experiences, which have been recognized in many circles as successful. We endured the 1997 economic crisis and expect to survive the current crisis.

Thailand has set an ambitious and challenging target to reduce the number of new HIV infections by 50 per cent by the year 2011. Thailand believes that prevention is an important key element for achieving this goal. Aside from reducing the tragic loss of life and needless suffering, prevention also has the effect, in a wider context, of reducing the loss of human resources, one of the most valuable components driving a country's development.

As target groups for prevention efforts extend beyond the traditional categories of sex workers and drug users to include the new high-incidence groups of youths and women, methods to combat the scourge of HIV/AIDS need to evolve accordingly. An important

means of promoting prevention among youths is education — raising awareness about and understanding of HIV/AIDS. The changing behaviour of young people in Thailand in relation to sex, coupled with their less frequent use of condoms, has resulted in young people becoming highly vulnerable to HIV/AIDS. To raise awareness among young people, some municipalities in Thailand have initiated projects to expose them to the realities of living with HIV/AIDS. In addition, eye-catching brochures with messages that are short, concise and easy to understand have been distributed, not only among young people, but also to other groups in society, with the goal of changing perceptions and behaviours among the population.

Thailand would like to emphasize the importance of awareness-raising, not only for prevention, but also for reducing stigma and eliminating discrimination against people living with HIV. In some provincial municipalities, patients who have been open and frank with medical personnel regarding their treatment for HIV/AIDS are reluctant to venture to local administrative organs to receive the allowance due them for fear of unknown consequences that might arise from exposure to potentially censorious opinions on the part of the general public.

To counteract the stigma in the minds of both people living with HIV and those not infected, Thailand's Population and Community Development Association and Pfizer Thailand jointly launched a project that grants low-interest loans to a partnership formed between a person living with HIV and a business person who is not infected. Such projects are a clear demonstration that people living with HIV can and do have a good quality of life and are productive members of society. It also promotes correct understanding and a more positive perception of the nature of the illness at the grass-roots level.

Thailand's efforts, working individually, with third countries and jointly with United Nations agencies to raise awareness and exchange best practices, technical know-how and experiences on HIV/AIDS prevention and care are not limited only to within the country, but extend out to the region and around the world, aimed mainly at the Asian and African regions. Those projects include exchanging best practices and lessons learned at events where youth participants are predominant, such as sports events.

Thailand once again reaffirms its commitments to achieving universal access to HIV prevention, treatment, care and support by 2010 and stands ready to cooperate with partners in order to combat HIV/AIDS.

The meeting rose at 6 p.m.